PTO/SB/17 (10-08) Approved for use through 06/30/2010. OMB 0651-0032

Date

FEE TRANSMITTAL FOR FY 2009 Application Number 10/16/26,783 Filing Date July 24, 2003 First Named Inventor Michael Lebner Examiner Name Darwin P. Erezo Att Unit 3773 Attorney Docket No. 0156-2007US01 METHOD OF PAYMENT (\$) 690.00 Attorney Docket No. 0156-2007US01 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number 504514 Deposit Account Name Pierce Atwood LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge feets) indicated below Charge feets) indicated below Charge feets) indicated below Charge feets indicated below Charge sary additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING TER 1.6 and 1.17 Marking the provide of the filing fee Charge feets indicated below Charge feets) indicated below Charge feets Charge f	Under the aperwork Reduction A	ct of 1995 no per	rsons are required to r	U.S. Patent and Trespond to a collection of info			TMENT OF COMMERCE alid OMB control number		
FEE TRANSMITTAL For FY 2009 Applicant claims small entity status. See 37 CFR 1.27	Effective o	on 12/08/2004.							
FIGURE FEY 2009 First Named Inventor Michael Lebner		Application Number 10//626,783							
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 690.00 Attorney Docket No. 0156-2007US01 METHOD OF PAYMENT (check all that apply)				Filing Date	July 24, 2	July 24, 2003			
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METHOD OF PAYMENT (check all that apply)	Applicant claims small enti	ity status. See	37 CFR 1.27	Art Unit	3773				
Check	TOTAL AMOUNT OF PAYMEN	1 T (\$)	690.00	Attorney Docket No.	0156-200)7US01			
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Charge any additional fee(s) or underpayments of fee(s)	<u> </u>						t for the filing fee		
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) F			indemayments of fe			•	1101 tile lilling lee		
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	Signature	TUNT	D.	Registration No.	5	Telephone	603-433-6300		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Name (Print/Type) Kevin M. Farrell

PTO/SB/21 (10-07)
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	Application Number	10/626,783		
TRANSMITTAL	Filing Date	July 24, 2003		
FORM	First Named Inventor	Michael Lebner		
	Art Unit	3773		
. (to be used for all correspondence after initial filing)	Examiner Name	Darwin P. Erezo		
Total Number of Pages in This Submission	Attorney Docket Number	0156-2007US01		

ENCLOSURES (Check all that apply)											
V	Fee Trans	mittal Fo	rm		Drawing(s)	<u></u>		After A	Mowance C	communication to TC	
	√ Fe	Fee Attached		Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences				
	Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement			Petition Petition to Conver Provisional Applic Power of Attorney Change of Corres Terminal Disclaim Request for Refur CD, Number of Cl	ation , Revocation pondence Address er ad O(s)		(Appea Proprio Status Other below)	n Notice, Bri etary Inform Letter Enclosure(s :	cation to TC ef, Reply Brief) nation s) (please Identify nount of \$690 eipt Postcard.		
Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts			The Commissioner is hereby authorized to charge any fee deficiencies or credit any overpayments associated with this submission to the PIERCE ATWOOD LLP Deposit Account No.								
under 37 CFR 1.52 or 1.53			50-4514.								
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Typed	Typed or printed name DEBRA J. KELLOM							08			

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Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10//626,783 **Application Number** TRANSMIT Filing Date July 24, 2003 For FY 2009 First Named Inventor Michael Lebner **Examiner Name** Darwin P. Erezo Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3773 TOTAL AMOUNT OF PAYMENT 690.00 0156-2007US01 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check ☐ Credit Card ☐Money Order None Other (please identify): Deposit Account Deposit Account Number: 504514 Deposit Account Name: Pierce Atwood LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity** Small Entity **Application Type** Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 165 540 220 270 110 Design 220 110 100 50 140 70 Plant 220 110 330 170 165 85 Reissue 330 165 540 270 650 325 Provisional 220 110 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 **Total Claims Extra Claims** Multiple Dependent Claims Fee Paid (\$) - 20 or HP = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Total Sheets **Extra Sheets** Fee Paid (\$) -100 =/ 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for One-Month Extension of Time & Terminal Disclaimer Fee(s) 690.00

SUBMITTED BY	, ,		
Signature	Mypour	Registration No. (Attorney/Agent) 35,505	Telephone 603-433-6300
Name (Print/Type) Kevin M. Farrell		Date /// 7/ 08

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